



PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

AP/1623
10006945

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) X2007.0092/P092															
In re Application of Shigetaka Yamamoto et al.																	
Application Number 10/006,945-Conf. #2752		Filed December 3, 2001															
For TREATMENT METHOD FOR WOODEN MATERIAL																	
Art Unit 1623		Examiner T. C. McIntosh															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$ 420.00</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2215</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 24,735</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a)</p> <p>August 23, 2004 Date</p> <p>(212) 896-5471 Telephone Number</p> <p><i>Edward A. Meilman</i> Signature</p> <p>Edward A. Meilman Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> Total of 1 forms are submitted.</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____	<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 420.00	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____															
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 420.00															
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____															
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____															

08/24/2004 EABUBAK1 00000063 10006945

01 FC:1252

420.00 OP



AUG 23 2004

PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 420.00

Complete if Known	
Application Number	10/006,945-Conf. #2752
Filing Date	December 3, 2001
First Named Inventor	Shigetaka Yamamoto
Examiner Name	T. C. McIntosh
Art Unit	1623
Attorney Docket No.	X2007.0092/P092

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **50-2215**

Deposit Account Name **Dickstein Shapiro Morin & Oshinsky LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	420.00

SUBTOTAL (1) (\$) 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	<input type="text"/> x <input type="text"/> = <input type="text"/>	
Independent Claims	-3*** =	<input type="text"/> x <input type="text"/> = <input type="text"/>	
Multiple Dependent		<input type="text"/> = <input type="text"/>	

Large Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3) (\$) 420.00

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Edward A. Meilman	Registration No. (Attorney/Agent)	24,735	Telephone	(212) 896-5471
Signature	<i>Edward A. Meilman</i>			Date	August 23, 2004